



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

COMPLAINT RECEIPT FORM

Date:	Taken By:
Complaint#:	
Priority Code:	
Assigned to:	Date:

Site/Operator/Source Name:	Address:
Phone:	Type of Operation:
Major Cross Streets:	County:

Description of Complaint:	
Date of Occurrence:	Substance Involved:
Quantity of Substance:	Medium Affected: SOIL WATER AIR
Best Time to Witness:	Verifying Documentation:

“Arizona law requires you to provide your name during the course of reporting an alleged violation of law or rule. Under the law, your name will be placed in the public file unless the release of your name may result in substantial harm to any person, including yourself, or to the public health or safety. However, if you insist on remaining anonymous, ADEQ can not force you to identify yourself.” A.R.S. § 41-1010

Complainant Name:
Phone:
E-Mail:
Address:
“Have you been referred to ADEQ?” YES NO By Whom:
Follow-up Requested: YES NO

Referring Agency:
Agent’s Name:
Phone:

“Do you feel that release of your name may result in substantial harm to any person, including yourself, or to the public health or safety?” YES NO
If YES, describe:

Case Referred: YES NO	If YES, to whom:	Date Referred:
Date Inspected:	Status: REPORT CLOSED	
Inspector’s Comments:		